

**Note: This is sample
template it is
not an OMB
approved form.**

Universal 911 Dialing- Second Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

Parent Company Name
Atlas Telephone Company, Inc.

Service Provider Name
same

Company Address, City, State, Zip

P O Box 77 119 West Main Street
Big Cabin, Oklahoma 74332 0077

Service Provider Type Wireless X Wireline

Name(s) of Wireless License Holder(s)

Contact Name
Robert Triece

Contact Tel #
918 783 5111

Fax #
918 783 5510

E-mail Address
Rtriece@junct.com

Section 2

Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):

Big Cabin, Craig County, Oklahoma
Big Cabin, Mayes County, Oklahoma
Bluejacket, Craig County, Oklahoma
Welch, Craig County, Oklahoma

For each area listed above, identify the emergency response point to which calls are now being routed.
Craig County E911 PSAP

Section 3

Certification - To be signed by an authorized representative of the reporting entity

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of September 6th, 2002.

Signature Robert Triece

Printed name of authorized representative Robert Triece

Title Plant Manager

Date 9/6/2002

This filing is: ☒ original filing ☐ revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.
